

July 18, 2012

Testimony before the Senate Families committee.

Good morning Chairman Emmons and members of the committee.

I am Mel Haga, Executive Director of the Michigan County Social Services Association. The Association represents the 83 county human services departments, the human services boards in each county and the clients the local offices serve.

I am here today to speak to substance abuse testing for applicants and recipients of the Family Independence Program (FIP/cash assistance

The Association supports the concept of substance abuse testing from the standpoint that the ultimate goal for every applicant and recipient of cash assistance is their transition to self-support and self-sufficiency through employment. It seems logical that as we seek to transition FIP recipients to employment that we strive to ensure that the barrier of substance abuse is cleared in conjunction with or before we invest in training and placement assistance for our clients. But we have a number of concerns with some of the provisions in both bills.

If the legislature wishes to enact a law of this nature, we ask that you consider MCSSA's following concerns:

The legislation places the cost of the drug testing on the applicant or recipient. This is a cost to the applicant and recipient even if the client tests negative. A cursory review of information puts the cost of the actual test in a range from \$30 to \$60 depending on the type of testing used. The average FIP grant is less than \$400. We see this cost as a burden for the clients and recommend that the cost be borne by the state who is requiring the test. At a minimum the State should bear the cost if the recipient tests negative.

The bills are totally silent on any treatment options for those clients who test positive. MCSSA thinks that if we support a diagnosis for determining drug use we should also support and finance appropriate treatment for those who test positive for using illegal drugs. Without a funded treatment modality the required testing only becomes a vehicle for barring families from receiving cash assistance and not a means to promote and ensure self-sufficiency.

The Department will be required, by not later than January 1, 2013, to institute suspicion-based substance abuse screening and testing in 3 or more counties. Because this approach to addressing client substance abuse can impact not only the client but also their families, and because it has been controversial in other states which have attempted it, the procedures that will need to be put in place will need to be carefully developed, implemented and tested. We believe an implementation date of January 1, 2013 is unrealistic and that implementation during the first year should be limited to NOT MORE THAN 3 COUNTIES and NOT MORE than 25 additional counties for the 2014 calendar year. We are concerned with the potential for unequal application of "suspicion-based" testing and about the impact that instituting the pre-screening and the coordination of and arranging of testing will have on an already overburdened assistance payment staff. With the online application process the Department is moving away from face to face contact as much as possible, with implementation of drug testing this trend would be reversed as the screening and testing would require face to face contact.

The Department is directed to carry out this testing by developing EITHER a substance abuse survey OR through use of an empirically validated substance abuse screening tool upon initial application and annual redetermination of FIP applicants. We believe it would provide more safeguards from potential variance among counties in application of "suspicion-based" testing if the Department were required to develop and administer BOTH of these procedures. The survey may screen out a number of applicants/recipients and those it did not would then be administered the screening tool.

Furthermore, the Department must require an applicant or recipient to take a substance abuse test and if the results of the screening give the Department a "reasonable suspicion" to believe there is illegal use of a controlled substance. We are concerned local field workers may have insufficient guidance and lack of uniformity when determining what constitutes "reasonable suspicion."

Because the result of testing positive affects all the members of the household, including children, the Association fears that there will be an increase in need for Child Protective Services intervention. If even a small percentage of families are impacted by this, the social and financial cost of removing children from the family home, when other support services may be available, may be more than any potential cost savings derived from the sanctions placed on the recipient by this program.

Thank you for the opportunity to appear before the committee. I will be happy to field any questions or concerns the committee may have.